

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10667456

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP					
1							51				
2		/					52				
3	/						53				
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	14		14		14		TOTAL IND.	14		14	
TOTAL DEP.	20		20		20		TOTAL DEP.	20		20	
TOTAL CLAIMS	20		20		20		TOTAL CLAIMS	20		20	